	PATENT	APPLICATION	RD O O O O O O O										
			ctive Octol			<del></del>		-1 <u>t</u>	3 79 1	i, i		( ) ( )	
				(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	} 				10.00	R	ATE	FEE	7	RATE	FEE	
FOR			NUMBER	FILED		BER EXTRA	BAS	IC FEE		OR	BASIC FEE	<del> </del>	
TOTAL CHARGEABLE CLAIMS			17 mi	17 minus 20=		•		9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =					X40=		OR	X80=		
		NDENT CLAIM P			_			35=	<del>                                     </del>	1		<del> </del>	
* If the difference in column 1 is less than zero, enter					r "0" in c	Counted twee)	). L	JJ= TAL		OR OR	TOTAL	9.50	
CLAIMS AS AMENDED - PART II								IAL	L	JUN	OTHER	860	
(Column 1) CLAIMS				(Colum		(Column 3) S		ALL!	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	•	Minus		·	=	X\$	9=		OR	X\$18=		
AME	Independent FIRST PRESE	NTATION OF MU	Minus	PENDENT	CLAIM	]=	X4	0=		OR	X80=		
			7C111 CC DC.	LIVEIT	QLA.IVI		+13	5=		OR	+270=		
							TO ADDIT.	OTAL FEE		OR ,	TOTAL ADDIT, FEE		
	PT-1012-District Con-	(Column 1)	Takanasa a ayan mara	(Colum		(Column 3)				• .			
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ :	9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF MU	Minus	***	CLAIM	=	X40	)=		OR	X80=		
			·	- CNDCN1	·		+13	5=		OR	+270=	el A	
٠	and the state of t	The same of the same of		1 1			TC ADDIT.	TAL	रे एर्राट्स ईन्टरे	OR A		in the limits	
	(Column 1) (Column 2) (Column 3)								e management		ODIT. FEEL	elep metre so	
MENUMENT C		CLAIMS REMAINING		HIGHE NUMB	ER 🛷	PRESENT	teans reson	×283	ADDI-		constantive cons	"ADDI»	
	CALLONNASSING	AFTER AMENDMENT		PREVIOUS PAID F		EXTRA	RAT		TIONAL FEE		RATE	TIONAL FEE	
	Total	Statement Black Sign	Minus I			المراب وحسود دائي	X\$ 9			OR I	X\$18=	150 MA	
- P	Independent	NTATION OF MU	Minus COED	EKIDENT	CIAIN		X40			OR I	X80≅\$		
	I MOTA NESE	TATION OF WO	ETIPLE DEP	ENDENT	CLAIM		18848	<b>78</b>			270	3173	
	the entry in colum	ntr I is less than the nber Previously Pai	entry in colur	nn 2, write	"0" in colu	mn 3.		TAL y	ABCT 20CT 114 ADE	OR [	TOTAL	A DESCRIPTION OF THE PERSON OF	
-4-11	! the "Highest Nun	nber Previously Pai ber Previously Paid	id For IN THIS I For (Total or	S SPACE is Independen	less than nt) is the l	3.enter "3 "	ADDIT. I	***	*	<b>ا A</b> نیز ۱	DOIT. FEE	A CANADA	
,		ber Previously Paid	1246.615	eving e-			्रहे		AT LINE	iii colu	MAR	ile.	